

Registration District No. 317

Primary Registration District No. 6076

Registrar's No.

914

## 1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Torrence Nursing Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 86 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Ida Andrews

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife James W. Andrews 6. (c) Age of husband or wife if alive 86 years

7. Birth date of deceased December 28th. 1857  
(Month) (Day) (Year)

8. AGE: 86 Years 3 Months 16 Days If less than one day hr. min.

9. Birthplace unknown Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business

12. Name unknown Hinkley

13. Birthplace unknown U. S. A.  
(City, town, or county) (State or foreign country)

14. Maiden name unknown

15. Birthplace unknown U. S. A.  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse Andrews

(b) Address 2343 Hebert St.

17. (a) burial (b) Date thereof 4-17-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Cem.

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2223 St. Louis Ave.

19. (a) APR 18 1944 (b) E. H. McSavan, M.D.  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 050  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL" and location)  
(d) Street No. 2818 N. 19th. St.  
(If rural, give location)  
(e) Citizen of foreign country? / (Yes or No)  
If yes, name country

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th  
year 1944 hour 5:45 minute PM M.

21. I hereby certify that I attended the deceased from April 10, 1944, to April 14, 1944,  
that I last saw her alive on April 14, 1944,  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration 7 days

Due to

Due to

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 107

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury car

23. Signature Oliver J. Lawrence (M. D. or other)

Address 7606 Webster Date signed 4/15/44

Mr. O. J. McHaver - 7606 Michigan 2 '08

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No. 1674

P. O. Address 2223 St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.